UW Medicine
Harborview Medical Center

Emergency Department
Psychiatric Emergency Services

PES Liaison and
High Utilizer Case Management Program

High Utilizer Case-Management Team

RSN and MIDD funded programs to provide prevention, intervention and linkage for PES consumers and assertive outreach and engagement for high utilizers of the ED.

The PES liaison is an RSN program and provides linkage, coordination as well as systems alerts, network care conferences and care plans for PES consumers.

The MIDD funded high utilizer case-managers provide assertive outreach and engagement for a designated high utilizer caseload. Individuals receive intensive services, including intensive outreach and advocacy to provide linkage for housing, chemical dependency, mental health, and medical follow-up.

Current Team consists of 3 clinical staff that share the PES liaison duties and HUP case-management caseload with program support:

- Mental Health Practitioner Lead – Ann Allen
- Mental Health Practitioners – Josh Torregrosso and Carolyn Borys
- Data entry and program assistant staff support

Reached full capacity in August of 2009

Case Profile

- High Utilizer Criteria - 4 ED visits in a six month period
- Homeless or in danger of losing housing
- Lack of effective engagement or alienation from traditional resources
- Increasing inability to cope with street life due medical concerns
- Most clients have concurrent mental health, chemical dependency and medical concerns
- Most common linkage needs: funding, primary care, chemical dependency treatment, mental health treatment and housing
- Housing need is huge and biggest barrier to long term stability

CM Principles and Interventions

- Program is based on successful UCSF ED Casemanagement Program
- Assertive efforts to engage patient in ED and in the community
- Respectful and compassionate care
- Relationship building in the field
  - Shelters, parks, freeway ramps, agency waiting rooms, fast food restaurants, buses
- Concrete resource provision – food vouchers, bus tickets, etc.
- Harm Reduction Approach to CD issues
- Motivational Strategies
- Networking with agencies to provide continuity of care
- Close team communication and supports
- Client self determination and care planning
- Network care conferences.

Case Study

Person A

- ~50 y. o. man
- Homeless
- Chemical dependency – primary alcohol
- Increasing medical problems with multiple ER visits for cellulitis and withdrawal seizures
- Legal Issues
- Interventions
  - Assertive outreach and engagement
  - Supported Housing
  - Bus tickets
  - Aggressive networking of supports
- Key Network Linkages
  - Reach
  - Seattle Indian Health Board
  - DSHS - NA outreach worker
  - CD ITS
  - Supported Housing
  - KC Detox
- Now sober, stable housing, reconnected to family and native community

Case Study #2

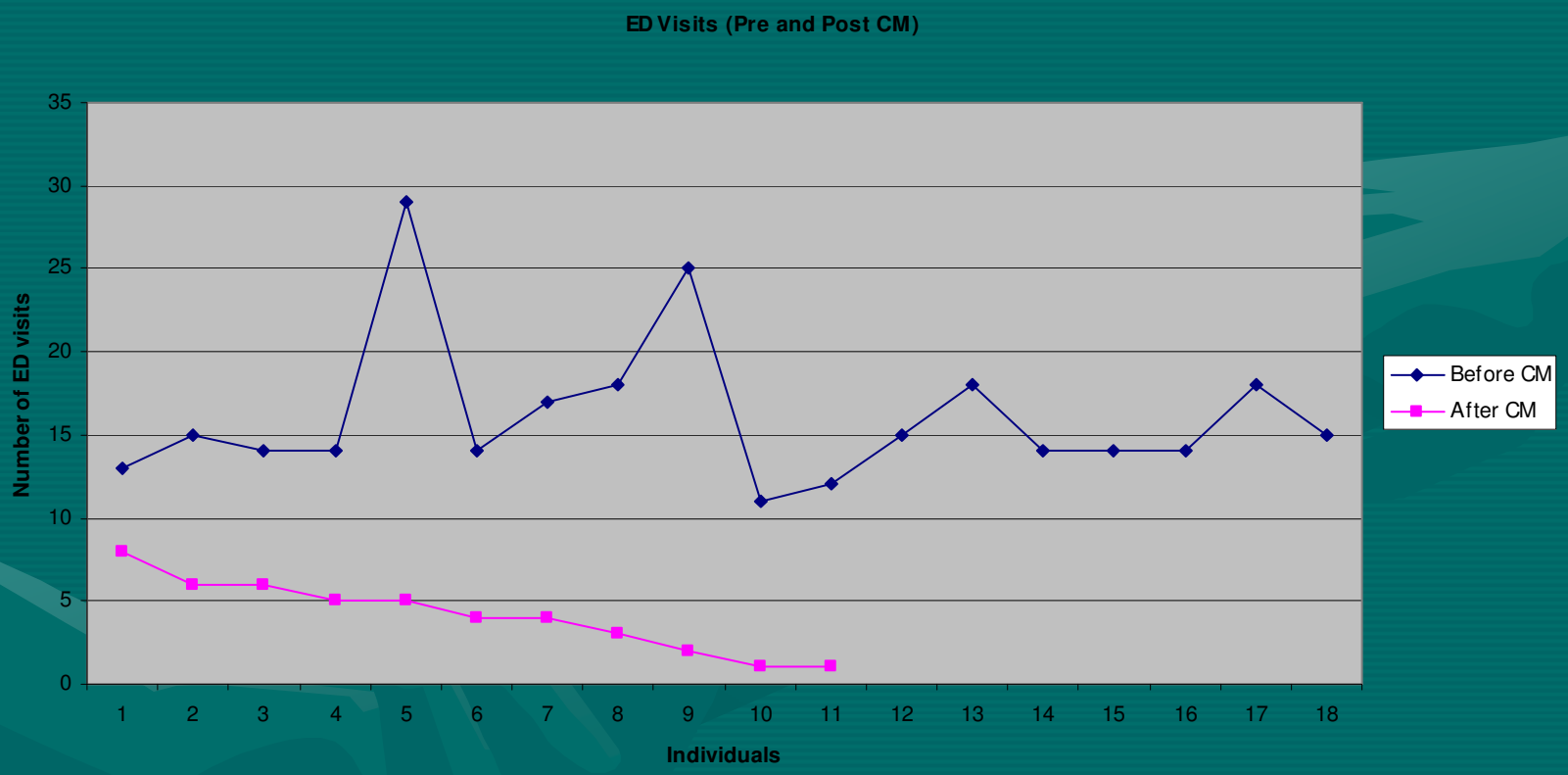
Person B

- ~40 year old man
- Multiple medical problems including diabetes and chronic back pain with non compliance with medications and physical therapies
  - Alcohol dependent
  - Depressed
  - In danger of losing his housing
- Enrolled in mental health but not engaged; case-manager engaged in medical advocacy.
- Intervention
  - Care plan developed to include time management, motivational interviewing and communication skills as well as focus on behavioral positive reinforcement.
- Now patient is increasingly engaged with his mental health providers, returned to physical therapy, actively managing his diabetes. Working on his CD issues (not yet clean). He was able to retain his housing

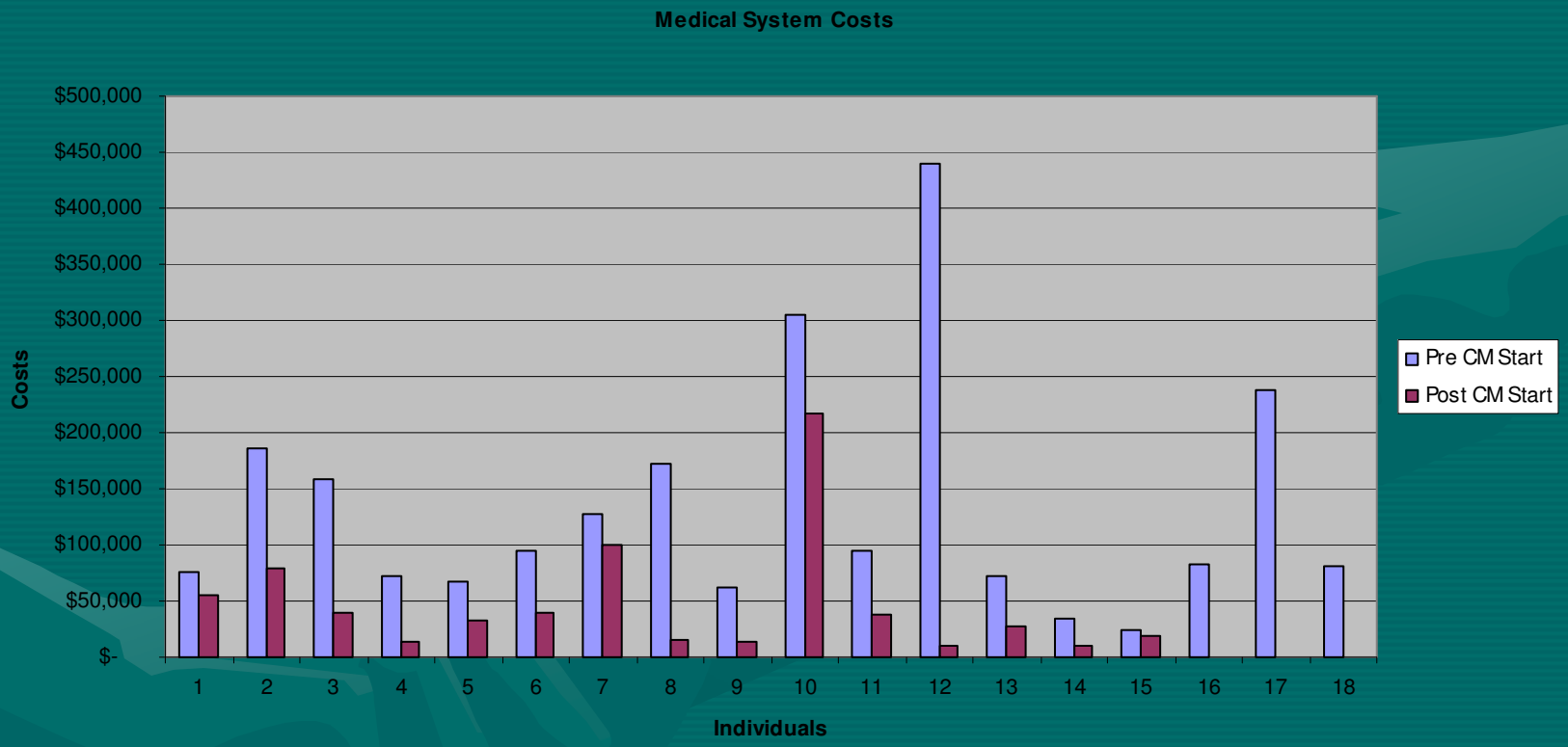
Measuring Impacts

- Provided serves to over 93 patients by the end of the 3rd Quarter of this year. (Over 100 to date)
- Active caseload of 30 patients in the program at any given time.
- Expected length of service is 3 moonths
- HMC Decision Support identifies and provides data of ED high utilizers
- Number of ED visits and cost associated are collected
- Jail visits are available through public information
- Ambulance/SPD/Medic resources can be reviewed via medical record.

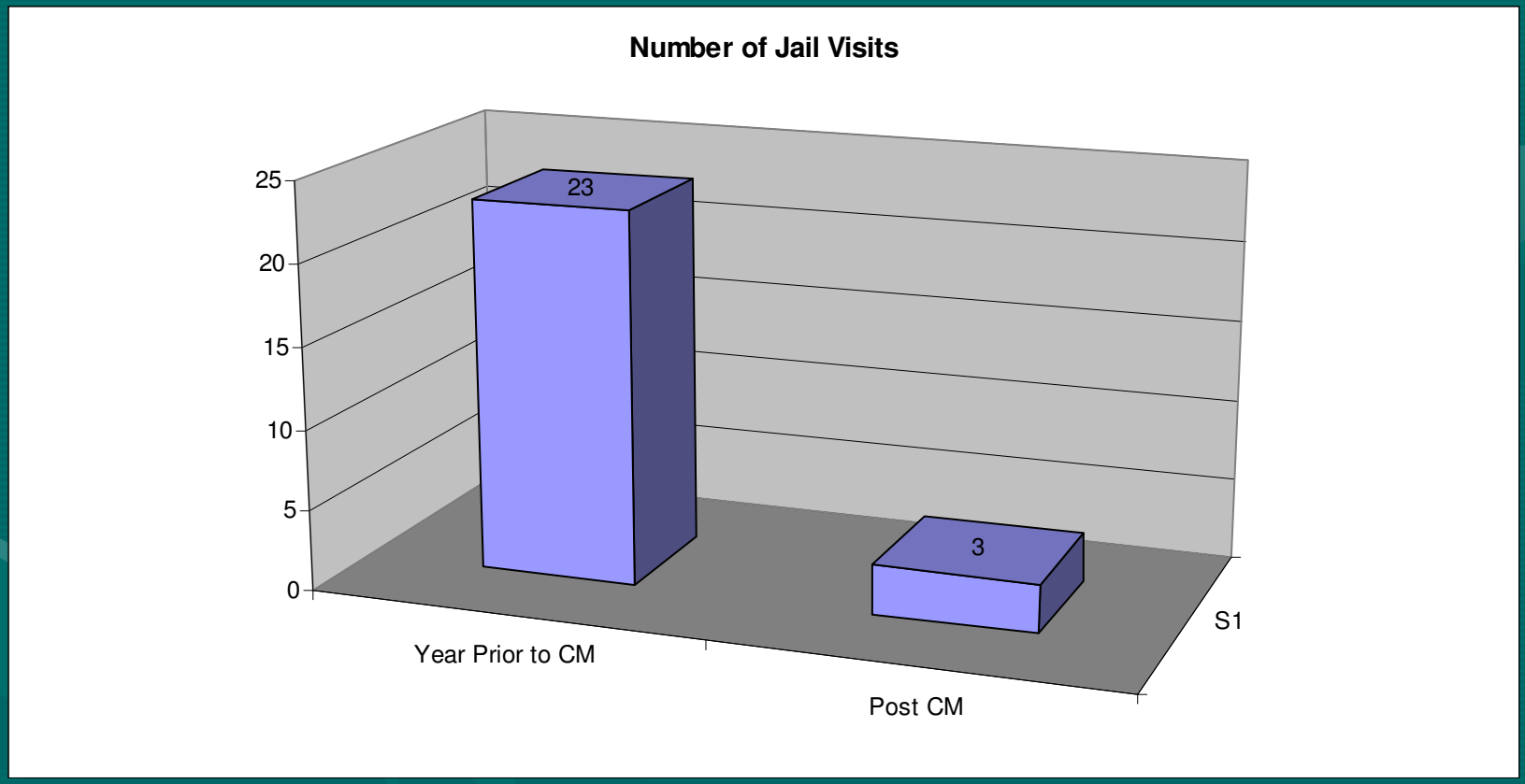
ED Visit Data per Patient



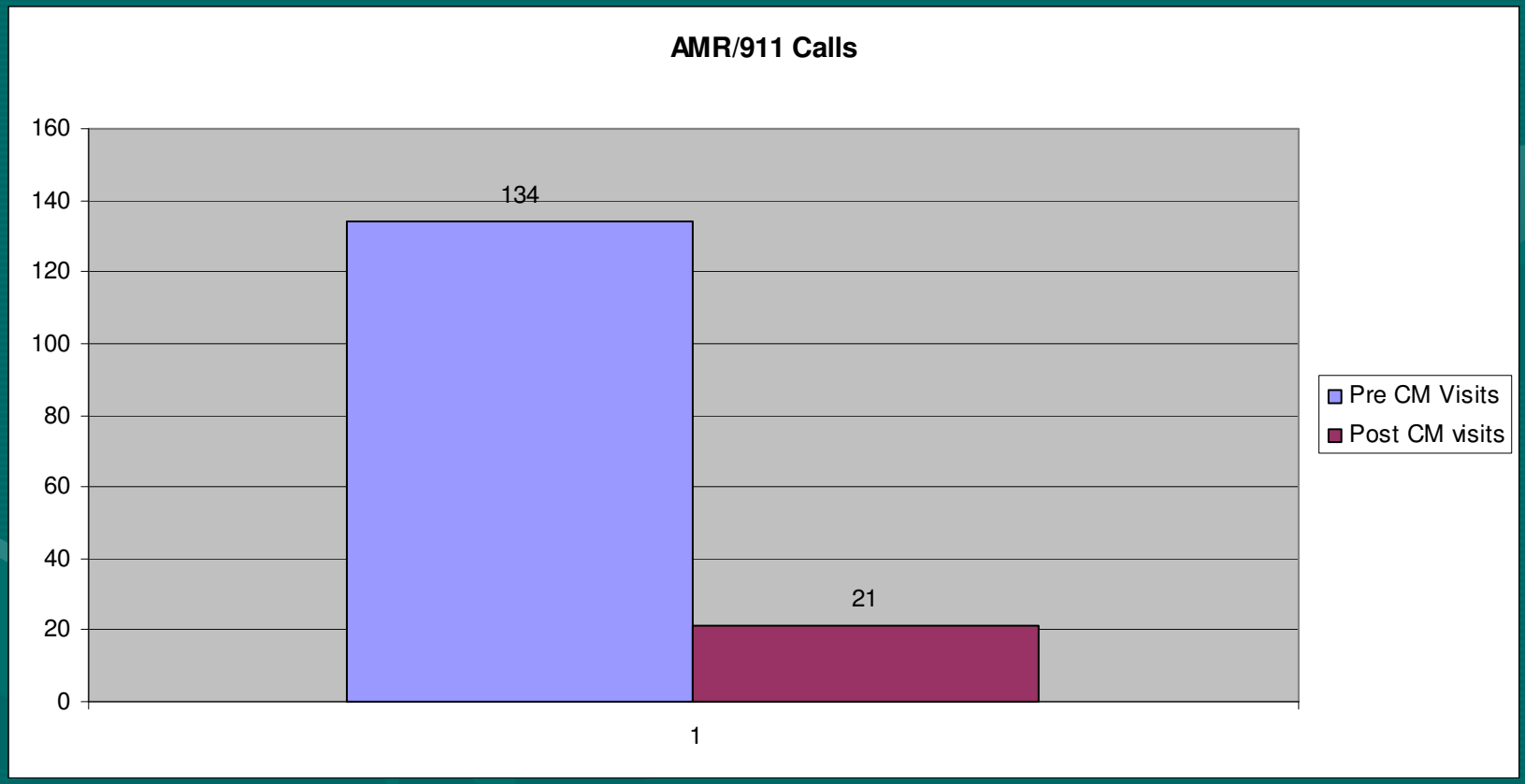
Profile of Medical Cost of First 18 patients.



Pre and Post Jail Visits



911 Usage by Initial Patient Cohort



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